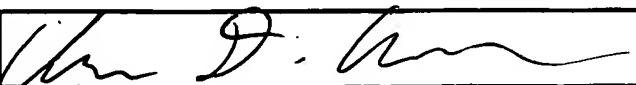| Substitute for form 1449/PTO	COMPLETE IF KNOWN	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) *(Use as many sheets as necessary)*	Application Number	Unknown
	Filing Date	Herewith
	First Named Inventor	LEE
	Art Unit	Unknown
	Examiner Name	Unknown
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Examiner Signature	*(signature)*	Date Considered	2-13-07

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